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CONFIRMATION NO. 8085

<b>SERIAL NUMBER</b> 09/770,169	<b>FILING OR 371(c) DATE</b> 01/26/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> UC053.001A
<b>APPLICANTS</b> Andrew Saxon, Santa Monica, CA; Ke Zhang, Los Angeles, CA; <i>None m/</i> <b>** CONTINUING DATA *****</b> <i>None m/</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/23/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 48
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 25213				
<b>TITLE</b> Immunoglobulin class switch recombination				
<b>FILING FEE RECEIVED</b> 1294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	